

Storm Water Pollution Prevention Plan Summary
Industrial Storm Water Discharges General Permit

Form 3400-167 (R 10/05)

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Notice: This form is authorized by s. NR 216.29(1)(e), Wis. Adm. Code. Submittal of a completed form to the Department is mandatory for industrial facilities covered by a storm water general or individual permit, excluding coverage in certain permits described in s. NR 216.24 (1), Wis. Adm. Code. Failure to submit a completed form to the Department may result in fines up to \$25,000 per day pursuant to s. 283.91, Wis. Stats. Personally identifiable information on this form may be used for other water quality program purposes.

Section I: Facility/Site Information

Facility/Site Name (As Appears on Permit Authorization)	Mailing Address (if applicable)		
Location Address/Description (if different from mailing address)	City	State WI	ZIP Code

Section II: Facility/Site Contact Person (responsible for development and implementation of the Storm Water Pollution Prevention Plan (SWPPP))

Local Contact Person	Title		
Mailing Address (if different from above)			
City (if different)	State WI	ZIP Code (if different)	Telephone (include area code)
Fax (include area code)	E-mail address or Website (if applicable)		

Section III: Certification & Signature (Person attesting to the accuracy and completeness of the Storm Water Pollution Prevention Plan and Summary.)

This form must be signed by an official representative of the permitted facility, in accordance with Part VI, section M of the general permit.

IF THIS FORM IS NOT SIGNED, OR IS FOUND TO BE INCOMPLETE, IT WILL BE RETURNED

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information contained in the plan. Based on my inquiry of the person, or persons, who manage the system, or those persons directly responsible for gathering the information; the information contained in this document is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for providing false information, including the possibility of fine and imprisonment. In addition, I certify under penalty of law that, based upon inquiry of persons directly under my supervision, to the best of my knowledge and belief, the provisions of this document adhere to the provisions of the storm water permit for the development and implementation of a Storm Water Pollution Prevention Plan and that the plan will be complied with.

Signature of Authorized Representative		Date Signed	
Type or Print Name	Position Title		
Company Name		Telephone Number	
Mailing Address - PO Box, Street or Route	City	State	ZIP Code

Existing Facilities: This form shall be submitted to the Department prior to initiating industrial operations where coverage is required under a storm water permit.

New Facility Construction: This form shall be submitted to the Department prior to initiating construction where the facility construction will disturb one or more acres of land.

DNR Use Only

Date Received:	Editor ID:
FIN Number:	Date Edited:
FID Number:	Other:

Section IV: Questions

Answering no to any of questions 3-18 could indicate that a significant part of your SWPP may be missing.

	Yes	No
1. Have you attended any voluntary training in storm water pollution prevention management?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you acquired voluntary certification in storm water pollution prevention management?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your Storm Water Pollution Prevention Plan (SWPPP) include a facility site description and drainage base map? (A copy or sketch of the facility map with best management practices in place should be included in section VII of this summary.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your SWPPP include a summary of existing sampling data or observations that could be useful in identifying pollutant sources and management actions?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your SWPPP include a list of potential sources of storm water contamination?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your SWPPP identify all known contaminated and uncontaminated sources of non-storm water discharges to the storm sewer system and indicate which are covered by WPDES permits? (These should be included in section VI of this summary.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your SWPPP contain the results of the non-storm water discharge monitoring required by Part IV section B of your general permit? (If monitoring was not conducted explain in section VIII of this summary.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your SWPPP include provisions to comply with the monitoring requirements specified in Part IV section C of your permit?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your SWPPP include a description of source area Best Management Practices (BMP) and their implementation schedule? (These should be included in section VI and on the site map in section VII of this summary.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your SWPPP identify storm water treatment BMPs if there are pollutants from your industrial activity that are likely to contaminate storm water discharges to waters of the state following implementation of source area BMPs? (Include these in sections VI and VII of this summary.)	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your SWPPP contain information on source area BMPs for controlling erosion?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does your SWPPP identify good housekeeping practices that help in preventing storm water contamination?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your SWPPP include a preventative maintenance schedule for storm water management devices and plant equipment?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your SWPPP include checklists of inspections to be made during the annual facility site inspection?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your SWPPP include an implementation schedule that is consistent with the compliance schedule in your storm water permit?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is your SWPPP periodically updated to include any changes that have occurred at the facility which result in significant increases in exposure of pollutants to storm water?	<input type="checkbox"/>	<input type="checkbox"/>
FOR TIER ONE FACILITIES ONLY:	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your SWPPP identify which storm water outfalls will be chemically monitored? (Identify in sections VI and VII of this summary.)	<input type="checkbox"/>	<input type="checkbox"/>
18. Does your SWPPP include a list of pollutants to test for when conducting chemical storm water sampling? (These should be included in section VI of this summary.)	<input type="checkbox"/>	<input type="checkbox"/>

Section V: Description of Industrial Activity and Land Use

Relate to sections VI and VII. Give a short summary of the major activities conducted at various locations throughout the facility. Include products manufactured and describe any treatment practices currently in place. Attach additional sheets if necessary.

Section VI: Storm Water Outfall Information (copy and attach additional sheets if necessary)										
Outfall Number	Sources of Pollutants	BMPs Implemented	Chemical Monitoring By Outfall *	Monitoring Schedule *	Non-Storm Water Discharges					
					Is Discharge Present?		Were Illicit Discharge Tests Conducted?		Is Discharge Covered By Another WPDES Permit?	
					Yes	No	Yes	No	Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Required for Tier One Facilities. Attach additional sheets if necessary.

Section VII: Facility Site Diagram (Include the items listed in Part III (B)(2)(b) of your general permit. Attach additional 8 1/2' x 11" sheets if necessary.)

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Section VIII: Comments (make reference to section or question number)

Section IX: Mailing

Unless otherwise directed, mail this completed form to the DNR office listed by county as follows:

NORTHERN REGION				
Ashland	Douglas	Langlade	Rusk	Superior Service Center 1401 Tower Ave. Superior, WI 54880 715-392-7988
Barron	Florence	Lincoln	Sawyer	
Bayfield	Forest	Oneida	Taylor	
Burnett	Iron	Polk	Vilas	
		Price	Washburn	
NORTHEAST REGION				
Brown	Green Lake	Marquette	Outagamie	NER Regional Headquarters 2984 Shawano Avenue, P. O. Box 10448 Green Bay, WI 54307-0448 920-662-5100
Calumet	Kewaunee	Menominee	Shawano	
Door	Manitowoc	Oconto	Waupaca	
Fond du Lac	Marinette	Oneida Reservation	Waushara	
			Winnebago	
WEST CENTRAL REGION				
Adams	Crawford	La Crosse	Portage	Wausau Service Center 5301 Rib Mountain Rd. Wausau, WI 54401 715-359-4522
Buffalo	Dunn	Marathon	St. Croix	
Chippewa	Eau Claire	Monroe	Trempealeau	
Clark	Jackson	Pepin	Vernon	
	Juneau	Pierce	Wood	
SOUTH CENTRAL REGION				
Columbia	Grant	Jefferson	Rock	SCR Regional Headquarters 3911 Fish Hatchery Rd. Fitchburg, WI 53711 608-275-3266
Dane	Green	LaFayette	Sauk	
Dodge	Iowa	Richland		
SOUTHEAST REGION				
Kenosha	Ozaukee	Sheboygan	Washington	SER Regional Headquarters 2300 N. Martin Luther King Drive Milwaukee, WI 53212 414-263-8500
Milwaukee	Racine	Walworth	Waukesha	